



Utah State Hospital

Pre-doctoral Internship Program in Clinical Psychology – *APA Accredited Internship Site*



UTAH STATE HOSPITAL
1300 EAST CENTER STREET
PROVO, UTAH 84603

Table of Contents

The Utah State Hospital	2
Location	2
The Historical Hospital	2
The Modern Hospital	3
Map of the Hospital Campus	3
The Internship Program in Clinical Psychology	3
Mission Statement	3
Training Philosophy	4
Training Model and Goals	4
The Program Structure	4
Clinical Rotations	5
Mandatory Psychotherapy Component	8
Hospital Units Available for Rotation	9
Intern Presentations and Training Seminars	10
Research	11
Supervision	11
Evaluation	11
Postdoctoral Placements	12
Statement of Diversity	12
Internship Stipend	12
Internship Accreditation Status	12
Internship Faculty	13

It is the policy of Utah State Government to provide and promote equal opportunity employment, compensation and other terms and conditions of employment without discrimination because of race, color, sex, religion, national origin, age, or disability. The State provides reasonable accommodations to the known disabilities of individuals in compliance with the Americans with Disabilities Act.

Updated 13 Dec 2007

THE UTAH STATE HOSPITAL

LOCATION

Located in Provo, Utah, the UTAH STATE HOSPITAL (USH) is situated 4,560 feet above sea level at the foot of the beautifully rugged Wasatch Range of the Rocky Mountains. Provo lies at the base of 11,750-foot *Mount Timpanogos* and is bounded on the west by the freshwater *Utah Lake*. The Hospital campus is a focal point of Provo, a city of 120,000, and Utah County, with 368,000 residents. Provo, Utah has been ranked by *Money Magazine* as the best place to live in the U.S. This rating was based on a consideration of health facilities, crime rate, the local economy, housing, education, transportation, weather, leisure, and the arts in the Provo area. Provo has continued to place in *Money Magazine*'s top 50 most livable cities in the U.S. *Woods and Pool Economics* (2006) declared Provo, Utah "one of the nation's most intelligent work forces." Among the outstanding qualities of the Provo work force are foreign language ability, experience, higher education levels, and a strong work ethic. Nearby colleges include the *University of Utah*, *Brigham Young University*, *Utah State University* and *Utah Valley University*.

Surrounding Provo to the north, south and east are spectacular scenic areas, including five national parks. Forty-five miles to the north is Salt Lake City, with a metropolitan area of about one million residents. Despite the urban and suburban quality of Salt Lake and Utah Counties, the mountains immediately adjoining both counties boast four wilderness areas. Outdoor recreation, including hiking, snow and water skiing, golf, wind surfing, backpacking, fishing, hunting, mountain biking, and mountain climbing, are available within a five to 30 minute drive from USH. The world renowned *Sundance Resort* that hosts Robert Redford's annual film festival, outdoor theater and ski resort is within a 15 minute drive from the hospital. Many other recreational and cultural activities can be found in Provo, Utah County, and in the Salt Lake City area including theater, symphony, ballet, opera and professional sports.

THE HISTORIC HOSPITAL

The Utah State Hospital has a long and stable history providing treatment to the severely mentally ill. It began as the *Territorial Insane Asylum* in 1885, which at that time was a day's travel from Salt Lake City. The site was some eight blocks from the nearest residence in Provo, and was separated from the city by swampland and the city dump. The message this conveys about the then-prevailing attitudes regarding mental illness is unmistakable.

The original purpose of the Hospital was to treat the mentally ill and to return them to a normal level of functioning. However, in spite of the best efforts on the part of the overworked staff, in its early days the facility was little more than a human warehouse. By 1955, the Hospital patient population exceeded 1,500.

The intervening years, however, have brought many changes. The swamp has been drained, the dump has been converted into a municipal park, and the city has expanded to the point that there is no longer a stark demarcation of where the "Asylum" begins.

Over the years, tremendous advances in the mental health field have changed the role of the Hospital to one of very active treatment and rehabilitation. Today, USH is a thriving teaching facility and the only hospital in the state of Utah that provides long-term treatment and care for the severely mentally ill (SMI). More effective treatments, rehabilitation and the movement toward deinstitutionalization and use of community mental health centers have decreased the USH patient population to its present size.

THE MODERN HOSPITAL

Today the Utah State Hospital is a residential psychiatric facility, licensed to provide psychiatric treatment services for approximately 360 patients, most of whom experience severe mental illness. The Hospital serves people from all geographic areas of the state, ranging in age from five years old on up through elderly adults. The Hospital receives adult patients from 11 community mental health centers, as part of their continuum of care, and from the Utah criminal justice system. Children and youth are referred by additional sources. Adult and pediatric beds are allocated to the mental health centers based on population.

The present facility consists of 15 buildings with approximately 370,000 square feet of space, spread over a 300-acre campus. Patients and the facilities are cared for by approximately 700 staff members. Indoor recreational facilities, including a gymnasium, a swimming pool and a workout room, and three cafeterias are available to staff.

The Utah State Hospital is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), which affirms that the Hospital has achieved national standards in the delivery of mental health care services. This voluntary evaluation is conducted every three years and represents a hospital-wide commitment to quality health care for the mentally ill.



THE INTERNSHIP PROGRAM IN CLINICAL PSYCHOLOGY

MISSION STATEMENT

The mission of Psychology Services is to deliver excellent inpatient assessment and treatment to our patients. Furthermore, the Department strives to provide quality training to pre-doctoral psychology interns as they advance within the practice of psychology.

UTAH STATE HOSPITAL INTERNSHIP IN CLINICAL PSYCHOLOGY

TRAINING PHILOSOPHY

The Internship Program training philosophy is based on an integration of experiential, theoretical, and empirical knowledge. Interns are provided a venue in which clinical experience, didactic training, and ongoing research components integrate to produce state-of-the-art, individualized, and sensitive patient care. Training procedures emphasize mentoring and graduated responsibility, in the context of evaluation, treatment delivery, and outcome assessment.

The program provides sequential training within a format of three consecutive rotations, and a year-long mandatory group and individual therapy component. Rotations include: Adult Clinical Psychology, Adult Neuropsychology, Forensic Psychology, Intensive Treatment Center, Pediatric Clinical Psychology, and Pediatric Neuropsychology. Training objectives include the following:

- acquiring experience and knowledge of psychology as a theoretical, empirical, and applied discipline;
- becoming proficient in the assessment and treatment of those with severe mental illness;
- developing an awareness of cultural and individual diversity issues relevant to clinical practice;
- learning to think and act in a manner consistent with ethical practice and professional integrity;
- becoming socialized in the role of psychologist and developing a professional identity; and
- reviewing professional literature and/or helping to conduct small- or large-scale research to answer clinical questions pertaining to groups or individuals.

TRAINING MODEL AND GOALS

The Internship Program in Clinical Psychology is a formal training program with the intent of preparing students who wish to go on to Postdoctoral Fellowships in the specialty areas of Neuropsychology, Forensic Psychology, and Clinical Psychology. The primary method of training is experiential. Interns are provided with a graded sequence of experiences, with increasing levels of responsibility commensurate with the intern's demonstrated comfort and competency. The internship is deliberately structured to provide supervised experience working with patients of different ages, backgrounds and ethnicity, with diverse presenting problems and varying degrees of symptomatic severity. Rotations last approximately 16 weeks each, providing each intern with three training rotations over the course of the internship. The mandatory therapy component is designed to run an average of 3 to 4 hours per week, and span the entire internship year.

The supervisor serves as a role model to challenge and guide, as well as to enhance skills needed to meet clinical demands. The intern is expected to apply graduate training to “real world” clinical situations. This philosophy emphasizes the development of professional skills, critical thinking ability, and professional ethics. Thus, as interns progress through the training program they are expected to broaden and deepen their clinical knowledge and demonstrate increased independence, in a manner consistent with the Hospital’s mission of providing excellent inpatient psychiatric care.

THE PROGRAM STRUCTURE

The Internship Program in Clinical Psychology accepts interns from clinical and counseling psychology training programs. Prior to starting the internship year the first week of July, prospective interns should have completed all requirements for the doctoral degree, except dissertation and internship, including a minimum of 350 hours of appropriately supervised clinical intervention and assessment.

During the first week of the internship, decisions regarding appropriate rotations are made by the

UTAH STATE HOSPITAL INTERNSHIP IN CLINICAL PSYCHOLOGY

interns and psychology supervisor(s), in consultation with the Director of Training. Rotations will be determined based on areas of emphasis defined by the intern's interest and professional goals, while considering staffing logistics and trying to equitably balance rotation desires with those of other current interns. Interns are guaranteed to have at least one of their three rotations be in the area in which they matched for internship (i.e., clinical, forensic, or neuropsychology). Some clinical experiences expand beyond the boundaries of a rotation, such as providing outcome assessment with the Brief Psychiatric Rating Scale. The training calendar structure allows for interns to follow therapy cases and observe patient progress throughout the internship year. Internship training begins with a mixture of didactic training, assessment of clinical abilities, expected readings, and clinical observation.

GRADUATED AND SEQUENTIAL NATURE OF TRAINING

Throughout the year, intern responsibilities are designed to follow a logical progression from intense supervision and didactic training, through moderate clinical decision-making experiences, culminating in guided practice and consultation. Initially, interns spend significant time shadowing supervisors, observing experienced staff members, and attending training sessions designed to prepare them for service delivery with a challenging inpatient population. Expected initial competencies include: accurate test administration, appropriate scoring of all procedures, and the ability to establish and maintain rapport with diverse patients. Basic competencies must be mastered before training moves to more complex issues. These activities evolve into clinical experiences in which the intern assists the supervisor or works under supervisory observation. Later, interns perform assessment and intervention responsibilities with supervisory consultation only, in regularly scheduled supervision sessions. Ultimately, the internship experience is designed to help interns become competent to respond to referrals, assess cases, plan treatment, deliver appropriate interventions and consultation to multidisciplinary teams independently, with supervisory assistance functioning mainly to corroborate clinical decisions and encourage professional identity and confidence.

CLINICAL ROTATIONS

ADULT CLINICAL PSYCHOLOGY

The Adult Clinical Psychology Rotation offers training and experience in a variety of clinical activities with adult and geriatric populations. The goal of the rotation is to prepare the intern to be qualified to efficiently provide competent psychological services in settings that require solid and broad clinical skills. During this rotation, interns will be exposed to persons with a wide range of Axis I and Axis II pathology. Clinical assessments are generally complex due to multiple diagnoses, mixed etiologies, and co-morbid medical conditions. The intern will learn to address a variety of referral questions typically encountered in adult inpatient psychological assessments, such as questions regarding diagnosis, cognitive functioning, adaptive behavior, treatment recommendations, and prognosis. Additional rotation experiences include more intensive development and implementation of individualized behavioral management plans than is afforded interns on other rotations, and consultation with treatment team members. Training goals for the rotation include the following:

- consistently and adequately obtaining informed consent and establishing rapport with patients;
- selecting psychological measures that are appropriate for the patient and adequately assist in answering the specific referral question(s);
- accurately scoring and interpreting test results;
- conducting thorough diagnostic interviews;

UTAH STATE HOSPITAL INTERNSHIP IN CLINICAL PSYCHOLOGY

- attentively observing patient behaviors and accurately assessing mental status;
- writing with clarity and precision;
- thoughtfully integrating test results with other clinical data to formulate accurate diagnoses and offer recommendations appropriate to the patient and setting;
- collaborating and communicating with multidisciplinary teams effectively; and
- becoming proficient in the development and implementation of behavior management plans.

ADULT NEUROPSYCHOLOGY

The Adult Neuropsychology Rotation is designed to assist interns in developing a model of brain-behavior relationships. This rotation offers a broad range of training experiences including assessment, cognitive rehabilitation, and consultation. Interns will work with adults who have multiple etiologies contributing to brain dysfunction and/or psychiatric disorders. Conceptual objectives for the rotation mirror those of the internship as a whole. Training goals for the rotation include the following:

- becoming proficient with interview, observational, and assessment methods appropriate for neuropsychological differential diagnosis;
- developing interpretive and technical writing skills adequate to produce documents that are applicable in medical, forensic, and external agency settings (e.g., vocational rehabilitation);
- acquiring an introductory model of brain-behavior relationships that may be used to develop diagnostic hypotheses;
- participating in the implementation and program evaluation of a computer-assisted cognitive rehabilitation program for persons with acquired brain injuries;
- competently delivering consultations to multidisciplinary treatment teams regarding diagnosis, intervention recommendation, and discharge planning for specific patients; and
- taking on gradually increasing responsibility acting as a liaison for clinical needs of patients on referring units (i.e., providing neuropsychology consultation to treatment teams).

FORENSIC PSYCHOLOGY

The Forensic Psychology Rotation involves evaluating and treating inpatients committed by the Utah Criminal Justice System. Nearly all forensic patients fall into one of the following admission categories: 1) competence to stand trial evaluation; 2) incompetent to stand trial commitment; 3) guilty and mentally ill evaluation; 4) guilty and mentally ill commitment; 5) insanity or diminished capacity evaluation; 6) not guilty by reason of insanity commitment; or 7) transfer from a correctional setting due to SMI. This rotation focuses on administering and interpreting forensic assessment tools, to include measures of malingering and competency. In addition, traditional psychological assessments are conducted as needed. A goal of this rotation is to facilitate competency restoration and return patients to the district courts for adjudication. Diagnostic cases range widely from chronic psychosis to severe personality disorders. Interns on this rotation are expected to participate as a co-therapist in a competency skills group. There are regular opportunities to attend clinical staffing during which psychologists provide case consultations or offer training relevant to Forensic Psychology. Occasionally, opportunities arise for interns on this rotation to observe their supervisor testify in court. Training goals for the rotation include the following:

- articulating the criteria associated with differing forensic classifications (such as Incompetent to Stand Trial, Guilty and Mentally Ill, and Not Guilty by Reason of Insanity);
- becoming familiar with the manner in which common symptoms of major diagnostic categories

UTAH STATE HOSPITAL INTERNSHIP IN CLINICAL PSYCHOLOGY

can impact readiness for court participation;

- enumerating the nine dimensions listed by the Utah Code relevant to Competency to Proceed; and
- becoming proficient in basic assessment techniques to evaluate competency and possible malingering.

INTENSIVE TREATMENT CENTER ROTATION DESCRIPTION

The Intensive Treatment Center (ITC) Rotation provides experience in the management and focused treatment of persons with severe behavioral problems such as physical aggression and self-mutilation. The goal of the rotation is to prepare the clinician to work in a multidisciplinary team setting with treatment resistant, behaviorally-challenged patients. ITC consists of 16 patients referred from within Utah State Hospital due to severely disruptive, dangerous or uncontrolled behaviors. This rotation will train clinicians in targeted behavioral management through the development and administration of detailed individualized behavioral support plans. Due to the greater portion of complex trauma reactivity and Borderline Personality Disorder on ITC, clinicians will be trained in diagnosis-specific interventions such as group and individual Dialectical Behavior Therapy and trauma-focused therapies. The ITC psychologist is part of an interdisciplinary team. Part of the rotation will require attendance at interdisciplinary meetings, clinical staffings, and providing staff in-services. Training goals for the rotation include the following:

- further developing skills in clinical interviewing, behaviorally-oriented functional assessment, case conceptualization, and integration;
- increasing proficiency in the application of behavioral principles such as operant and classical conditioning in the control of dangerous and maladaptive target behaviors;
- further developing group therapy skills specific to DBT Skills training, group management, and group process; and
- expanding professional skills such as case conceptualization and presentation during clinical staffings, providing feedback and recommendations to an interdisciplinary team, and clinical training to frontline staff.

PEDIATRIC CLINICAL ROTATION DESCRIPTION

The Pediatric Clinical Psychology Rotation provides clinical experience working with patients ranging in age from five through 17 years old, with a spectrum of Axis I and Axis II diagnoses. This rotation helps prepare interns to provide quality psychological services such as psychological assessment, individual and/or family therapy and mentoring experiences. Interns on this rotation typically collaborate with the local school district, families, Division of Child and Family Services, and provide parent training when indicated. Assessment referrals are frequently related to exploring the possibility of learning disorders, development disabilities, attachment issues, behavior disorders, mood and anxiety disorders, and in some instances, assessing for psychotic spectrum disorders. Naturally, this rotation will include exposure to developmental variables affecting pediatric patients and the necessary accommodations clinicians must make to appropriately approach pediatric patients. Training goals for the rotation include the following:

- becoming proficient in pediatric psychological assessment (to include appropriate measure selection, scoring, and interpretation; report writing and integration of test results and thorough and specific recommendations appropriate to the patient and setting);
- enhancing psychotherapy skills via delivering evidence-based treatment modalities;
- further developing treatment planning and case conceptualization skills;
- becoming proficient in the development and implementation of behavior management plans; and

UTAH STATE HOSPITAL INTERNSHIP IN CLINICAL PSYCHOLOGY

- working effectively on multi-disciplinary teams.

PEDIATRIC NEUROPSYCHOLOGY ROTATION DESCRIPTION

The Pediatric Neuropsychology Rotation offers a broad range of training experiences including assessment, treatment, advocacy, consultation, and clinical research focused on children with multiple developmental, mental health, and neuropsychological disorders. Conceptual objectives for this rotation mirror those of the internship as a whole. Training goals for the rotation include the following:

- becoming proficient with interview, observational, and quantitative assessment methods appropriate for the pediatric population;
- acquiring interpretive and technical writing skills adequate to produce documents that are applicable in family, educational, forensic, and clinical settings;
- observing, designing, and implementing evidence-based, problem-specific psychotherapeutic, behavioral, and cognitive rehabilitation interventions;
- observing, designing and providing family support, parent education, school transition assistance, community transition and cultural reintegration support within a Psychoeducational Extended-Family treatment model;
- becoming familiar with the clinical applications of laws and ethical principles regarding children's rights, pediatric disability determination, child records protection, mandatory reporting, and pediatric commitment for care;
- observing, preparing, and delivering consultations to multidisciplinary treatment teams regarding diagnosis, treatment design, and discharge planning for specific patients; and
- participating in optional pediatric clinical research including information searches regarding valid assessment procedures and treatment method outcomes for specific childhood problems, single-subject tracking of behavioral intervention efficacy, and data collection for the Pediatric Intensive Inpatient Outcome Project.

MANDATORY PSYCHOTHERAPY COMPONENT

Throughout the internship year, all interns will carry a caseload of one to two long-term individual patients, in addition to running or co-facilitating two therapy groups (preferably one process-oriented and one psychoeducational). Therapy hours will average between three and four hours per week, and the specific times for these hours will be determined by scheduled group meeting times and patient schedules for individual therapy. Each intern will work with at least one adult patient in long-term individual psychotherapy, as well as with at least one child, providing cognitive remediation and/or mentoring interventions. Groups with which interns can be involved may vary depending on the needs of our patients; however, recent process-oriented groups offered have entailed a men's substance abuse/dependence process group and a women's process group for varied issues. Psychoeducational groups offered to patients have included the following: an Illness Management and Recovery group, an Anger Management group, and a Depression Management group. It is anticipated that each intern will facilitate the same two groups (some combination of process-oriented and/or psychoeducational groups) throughout the internship year. Training goals for the Psychotherapy Component include the following:

- conducting individual psychotherapy appropriate to the patient's level of functioning and therapeutic needs, within an evidence-based theoretical framework;
- enhancing psychotherapy skills while providing evidence-based treatment, engaging in effective treatment planning, and developing accurate and thorough case conceptualizations;

UTAH STATE HOSPITAL INTERNSHIP IN CLINICAL PSYCHOLOGY

- establishing ground rules for various types of group treatment;
 - becoming familiar with the role of the group leader and the level of structure needed based upon the specific type of group, the demographics of the patients within the group, the time constraints of the group, and other variables;
 - finding a balance between appropriately challenging patients and showing warmth, offering and facilitating feedback, and supporting and encouraging peer interactions;
 - demonstrating understanding of group dynamics, common stages observed in group therapy; and effective interventions for progress-blocking behaviors when they emerge; and
 - observing mentors in group settings, and developing a personal group therapy interaction style.
-

HOSPITAL UNITS AVAILABLE FOR ROTATION

The **CHILDREN'S UNIT** has 24 beds available to boys and girls ages 5 to 13 years, and is located on the second floor of the Medical Services Building. The **ADOLESCENT UNIT** has the capacity to serve 48 male and female youth, ages 13 through 17 years, and is housed in the Beesley Youth Building (Girl's Youth) and the Rampton II Building (Boy's Youth). In addition to the problems typically experienced by our younger patients, some youth may have a co-morbid Conduct Disorder.

On both the **CHILDREN** and **ADOLESCENT UNITS** an individualized treatment approach is used to meet the needs of patients, which utilizes a broad spectrum of therapeutic modalities. Therapies include individual, group, family and play therapy, as well as therapeutic milieu. Specialized services include groups for anger management, emotional regulation, and recreational therapy. Participation in a wide variety of activities such as skiing, camping and river rafting, helps youth increase self-esteem, learn impulse control, and develop social skills. Family involvement is important in the progress of the children's and youth treatment programs. The Hospital involves families by conducting the Pediatric Services Family Program which includes family therapy, family support, and advocacy. Home visitation by the patient is an integral part of the treatment process and regular family visits at the Hospital are encouraged.

The Rampton I Building houses three adult treatment units—**NORTHWEST**, **NORTHEAST**, and the **LIFE HABILITATION UNIT (LHU)**. Northwest and Northeast units each have the capacity to care for approximately 30 patients, while LHU, designed as a transitional treatment unit, provides treatment for up to 46 patients. Each unit also utilizes several areas designed for patient comfort and pursuit of individual interests, including a large outdoor courtyard, a cooking area, an exercise room, a piano room, a craft room, and day rooms containing televisions and stereos. These units provide a bright and open atmosphere conducive to the Adult Services goal of providing a safe and healing environment in which all people are treated with dignity and respect. The purpose of treatment is to assist patients in reaching their recovery potential, with an aim of helping patients return to the community. A high value is placed on meeting the needs of each patient in a caring and professional manner. The **Recovery Skills Center** is a central location within the Rampton I Building where groups for adult patients are provided by various disciplines.

The Rampton II Building, which opened in 2003, consists of the east end of the Lucy Beth Rampton Complex, and is connected to the Rampton I Building by an indoor corridor. In addition to housing adolescent male patients (as mentioned above), Rampton II accommodates a traditional adult unit with approximately 30 beds known as **SOUTHEAST**. Other units within the Rampton II Building are the **LEGACY UNIT**, the **ACUTE RECOVERY TREATMENT CENTER (ARTC)**, and the **INTENSIVE TREATMENT CENTER (ITC)**, which serve specialized purposes, and are described below in greater detail.

- The **LEGACY UNIT** has 30 beds intended for older men and women, many of whom have

UTAH STATE HOSPITAL INTERNSHIP IN CLINICAL PSYCHOLOGY

dementia, chronic mental illness, and complicating medical conditions. While the Unit's goal is the same as that for all patients at the Utah State Hospital, that of returning them to the community, the treatment approach for these patients takes into account special needs and limitations posed by advanced age and related physical problems. Patients with organic disorders are encouraged to do as much as possible for themselves, as are the chronically mentally ill. They are encouraged to maximally care for their personal needs, and remain as active as possible. Patients without serious levels of dementia are extensively involved in group, family and individual therapy. Special emphasis is placed on providing a wide variety of small groups that encourage exercise, stimulate mental activity, and promote social skill development and retention.

- **ARTC** is a 5-bed acute unit serving rural mental health catchment areas of the state, many of which do not have psychiatric beds readily available, and provides short-term treatment with the goal of psychiatrically stabilizing patients and returning them to community treatment.
- **ITC** has a 16-bed capacity, and is designed to provide intensive treatment to adult patients who have been referred from other USH units due to concern about inadequate treatment progress having been achieved on the other units, in conjunction with significant behavioral problems. The increased staff-to-patient ratio on this unit allows for more highly specialized therapeutic attention that rigorously targets problematic symptoms and behaviors.

The Forensic Building is a maximum security facility comprised of four units totaling 100 beds, and is located in the southeast corner of the USH campus. This facility opened in 1999, and serves male forensic patients on **FORENSIC UNIT 1**, **FORENSIC UNIT 2**, and **FORENSIC UNIT 4**; the only coed unit for forensic patients is **FORENSIC UNIT 3**. Treatment includes a combination of pharmacotherapy; individual, group, and family psychotherapy; work opportunities; physical therapy; and occupational therapy. Patient input is encouraged at all levels of treatment to help teach individual responsibility and accountability. Treatment goals for forensic patients typically include facilitating competency restoration, and preparing patients for court hearings, while simultaneously offering treatment to address psychiatric illnesses.

INTERN PRESENTATIONS AND TRAINING SEMINARS

INTERN PRESENTATIONS

During the internship year, each intern provides two clinical presentations to the psychology staff and other interns, on a case for which they are the primary evaluator or therapist, or both. Each clinical presentation should include a thorough literature review related to their topic. Following the presentation, interns and psychology staff engage in discussions of case material. This experience provides the intern with exposure to a variety of strategies for case conceptualization and treatment, while preparing the intern for case discussions in a multidisciplinary team setting. An alternative option available to interns would be to have one of the two presentations be dedicated to sharing results of an optional research study conducted at the Hospital.

FORMAL TRAINING EXPERIENCES AND SEMINARS

The USH psychology faculty presents didactic seminars throughout the internship year, which are focused on various clinical topics, such as specialized assessment procedures, intervention techniques, ethical issues, and research updates. Consulting psychologists from universities and other state and private agencies are invited to supplement the didactic instruction of our interns. The seminars are designed to introduce interns to alternative theoretical orientations and approaches to clinical practice, diversity issues, and a host of other topic areas. A psychopharmacology seminar is also provided to

UTAH STATE HOSPITAL INTERNSHIP IN CLINICAL PSYCHOLOGY

interns by a psychiatrist on the USH staff. Additionally, interns are encouraged to attend colloquia and continuing education activities sponsored by the Hospital, and to attend at least one professional conference during the year, as approved by the training faculty.

RESEARCH

Participation in clinical research is an optional but encouraged aspect of the Utah State Hospital internship learning experience. Although the focus of the internship training is the development of applied skills, a primary value and goal of the training program and the Hospital itself is the enhancement and extension of the clinical knowledge base as it pertains to individuals with severe mental illness. Examples of recent research conducted include the following: implementation of the Group Questionnaire to measure group leader effectiveness and group cohesion, and development of a pediatric outcome measure to address the need for a comprehensive treatment outcome measures specifically designed for children and adolescents.

SUPERVISION

During the training year, interns receive individual supervision from each of their rotation supervisors (at least one hour per week), and from the clinician(s) supervising their individual and group therapy within the mandatory psychotherapy component (approximately an hour per week). Additionally, interns participate in 90-minutes of weekly supervision as a group. An additional supervisor may be appointed by the Director of Training if an intern encounters a case requiring specialized knowledge. Members of other disciplines may function in an adjunct supervisory capacity for interns dealing with issues such as medication response or side effects, legal issues impacting patients, and so forth. Interns also meet with the Director of Training periodically to discuss progress, supervision, and training issues.

EVALUATION

During orientation activities at the beginning of the internship, interns complete a self-assessment survey estimating their baseline skills in various clinical and professional areas. This self-evaluation is reviewed by the intern's rotation supervisors to help determine training needs, and is then reviewed by the Director of Training. The self-evaluation form is similar in format and content to the written evaluations that are completed by supervisors every other month during the internship, and the intern's responses help to provide a point of comparison for assessing skill acquisition throughout the year. In addition to written supervisor evaluations, the psychology staff meets one to two times per month during the internship to discuss each intern's progress. At least twice per year, the Director of Training provides a narrative report to each intern's doctoral program describing progress being made during the internship. At the end of the training experience, each intern will, once again, complete an outcome self-assessment to measure their own progress.

During internship orientation, interns participate in two half-day experiential Skills Assessments to ascertain a baseline estimate of abilities in psychological test interpretation, diagnosing, and report writing. Each work sample is evaluated by at least two faculty members to identify possible areas of strength and deficiency, after which results are reviewed individually with each intern and with the psychology staff. A repeat of the Skills Assessment occurs near the end of the internship experience to document intern progress as measured by this activity.

Interns evaluate supervisors and rotations at the completion of each rotation. Evaluations are discussed with supervisors and returned to the internship Director of Training. The quality and usefulness of

UTAH STATE HOSPITAL INTERNSHIP IN CLINICAL PSYCHOLOGY

didactic training and experiences are also rated by interns throughout the year. Upon completion of the internship, interns complete a program survey in addition to offering verbal feedback as part of the annual internship program review, evaluating the internship experience as a whole. The internship also seeks alumni input from interns of the previous year to give them an opportunity to report professional accomplishments, make suggestions, and evaluate the efficacy of the internship in preparing them for post-doctoral fellowships or other professional experiences.

POSTDOCTORAL PLACEMENTS

We strive to offer quality training and experiences to help our psychology interns be competitive when seeking postdoctoral fellowships/residencies. Previous Utah State Hospital interns have been very successful at obtaining postdoctoral training, with postdoctoral fellowships/residencies to include the following: University of Massachusetts Dartmouth, Brown University, Harvard, University of Virginia, Kaiser Permanente, the United States Federal Correction System, and the University of Michigan.

STATEMENT OF DIVERSITY

The Psychology Services Department of the Utah State Hospital values and supports diversity in its staff members and interns. We provide equal opportunities for all qualified persons, and do not discriminate on the basis of race, ethnicity, religion, gender, sexual orientation, national origin, or age. Based upon our belief that individual differences enrich the scholarly and professional activities of psychology, we wish to encourage applicants with personally or culturally diverse backgrounds to apply.

INTERNSHIP STIPEND

Interns will be paid a stipend of \$18,000 (unless otherwise specified), and are classified as "Independent Contractors." Interns are encouraged to maintain health insurance through their universities or with some other plan of their choice since they are not eligible for insurance benefits through the Utah State Hospital. Although not in a benefited position, interns are able to take advantage of many opportunities that are available to hospital personnel, including use of on-campus recreational facilities, discount tickets to area attractions, free vaccinations, credit union membership, travel discounts, computer training, free Hospital parking, and access to counseling through the Employee Assistance Program.

INTERNSHIP ACCREDITATION STATUS

The Utah State Hospital's Psychology Pre-doctoral Internship Program in Clinical Psychology has maintained membership status with APPIC since October 1997. The Hospital's Internship Program has also enjoyed full APA accreditation since April 2000. The next APA re-accreditation survey is scheduled to occur in 2009. For information regarding the current status of Utah State Hospital's Psychology Pre-doctoral Internship Program in Clinical Psychology, or to make a comment or complaint, please contact:

Office of Program Consultation and Accreditation
750 First Street, NE
Washington, D.C. 20002
Phone: (202) 336-5979
FAX: (202) 336-5978

UTAH STATE HOSPITAL INTERNSHIP IN CLINICAL PSYCHOLOGY

INTERNSHIP FACULTY

The Utah State Hospital has a large interdisciplinary staff. Psychiatrists and other physicians, social workers, nurses, recreational therapists, occupational therapists, administrative and support staff, and psychologists, all work closely together. Psychologists are valued contributors to the treatment teams. There is a positive interdisciplinary, collegial relationship among members of the various disciplines. Staff members involved with the Pre-doctoral Internship Program in Clinical Psychology include the following:

PSYCHOLOGY STAFF

Douglas P. Benson, II, Psy.D.

Pepperdine University (2007), Clinical Psychology

Current Position(s): Utah State Hospital, Psychological Assistant II (2006 - present)

Interests: Psychological Assessment, PTSD/Trauma Treatment, Personality Disorders, Neuropsychology

Orientation: Cognitive-Behavioral

Gerald A. Berge, Ph.D.

Brigham Young University (1981), Clinical Psychology

Licensed Psychologist: Utah (1984 - present)

Current Position(s): Utah State Hospital, Staff Psychologist

Interests: Forensic Evaluations, Competency to Stand Trial, Malingering (psychosis and neuropsychological deficits), Dementia, Neuropsychological Screenings

Orientation: Cognitive-Behavioral

Alan J. Crist, Ph.D.

Auburn University (1995), Clinical Psychology

Licensed Psychologist: Utah (1997 - present)

Current Positions(s): Utah State Hospital, Staff Psychologist (1999 - present)

Interests: Pediatric Clinical Psychology, Geriatrics, Neuropsychology, Rorschach Inkblot Method

Orientation: Cognitive-Behavioral

Arlin L. Hatch, Ph.D.

Brigham Young University (2002), Clinical Psychology

Licensed Psychologist: Utah (2004 - present)

Current Position(s): Utah State Hospital, Internship Director of Training and Staff Psychologist (2006 - present); Adjunct Professional, Department of Psychology, Brigham Young University (2006 - present)

Interests: Psychological Assessment, Adult Group and Individual Psychotherapy, Primary Care Psychology, Psychotherapy Outcome, Forensic Psychology, Teaching and Supervision

Orientation: Interpersonal, Cognitive-Behavioral

UTAH STATE HOSPITAL INTERNSHIP IN CLINICAL PSYCHOLOGY

Nancy Louise Howes, Ph.D.

Brigham Young University (1997), Clinical Psychology

Licensed Psychologist: Utah (1999 - present)

Current Position(s): Utah State Hospital, Pediatric Neuropsychologist (1999 - present)

Interests: Neuropsychological Assessment of Youth and Children, Developmental Disabilities, Cognitive Rehabilitation, Health Psychology and Sex Offender Treatment

Orientation: Behavioral, Neurocognitive Enhancement

Kelly P. Moss, Ph.D.

Brigham Young University (2002), Clinical Psychology

Licensed Psychologist: Utah (2005 - present); Virginia (2003-2005)

Current Position(s): Director of Psychology Services, Utah State Hospital (2005 - present); Assistant Training Director

Interests: Psychological Assessment, Adult Individual and Group Psychotherapy, Forensic Psychology, Eating Disorders, and Anxiety Disorders

Orientation: Interpersonal, Cognitive-Behavioral

Frank M. Rees, Ph.D.

Brigham Young University (1987), Clinical Psychology

Licensed Psychologist: Utah (1988 - present)

Current Position(s): Utah State Hospital, Assistant Clinical Director; Brigham Young University, Adjunct

Professional – Department of Psychology (1996 - present)

Interests: Pediatric Psychology, Forensic Psychology, Psychopharmacology, Individual Psychotherapy, Group Psychotherapy, Psychological Assessment

Orientation: Cognitive-Behavioral, Psychodynamic

Robert F. Sawicki, Ph.D.

Kent State University (1983), Educational Psychology/Clinical Psychology

University of Nebraska (1984), Postdoctoral Fellowship in Neuropsychology

Licensed Psychologist: Utah (2001 - present)

Current Position(s): Utah State Hospital, Neuropsychologist (2001 - present)

Interests: Neuropsychological Examination and Consultation, Rehabilitation of Brain Injury, and Forensic

Psychology

Orientation: Psychodynamic, Gestalt

Melvin W. Sawyer, Ph.D.

Brigham Young University (1975), Educational Psychology

Licensed Psychologist: Utah (1985 - present)

Current Position(s): Utah State Hospital, Staff Psychologist (1988 - present); Adjunct Professional, Department of Psychology, Brigham Young University (1995 - present)

Interests: Assessment, Inpatient Treatment, Rehabilitation Psychology, Assertiveness Training, Anger Management, Depression Management, Group Therapy, Geriatric Assessment for Organicity and Treatment

Orientation: Cognitive, Humanistic

UTAH STATE HOSPITAL INTERNSHIP IN CLINICAL PSYCHOLOGY

CONSULTING PSYCHOLOGISTS AT UTAH STATE HOSPITAL

Sally H. Barlow, Ph.D., ABPP

University of Utah (1978), Counseling Psychology

Brigham Young University (1985), Re-certification in Clinical Psychology

Licensed Psychologist: Utah (1980 - present)

Current Position(s): Professor of Psychology, Brigham Young University (1998 - present);
Training Director, Clinical Psychology Ph.D. Program, BYU (2006 - present);
Medical Staff, Utah Valley Regional Medical Center, Provo, UT (1985 - present)

Interests: Group Psychotherapy, Psychotherapy Techniques with Personality Disorders, Gender and Diversity Issues

Orientation: Psychodynamic

Gary M. Burlingame, Ph.D.

University of Utah (1983), Counseling Psychology

Licensed Psychologist: Utah (1984 - present)

Current Position(s): Professor of Psychology, Brigham Young University (1996 - present)
American Group Psychotherapy Association, Research Committee (1995 - present)

Interests: Group Psychotherapy Research and Practice, Measurement, Psychotherapy Outcome, and Research Design

Orientation: Experiential, Psychodynamic

CONTRIBUTING MENTAL HEALTH PROFESSIONALS AT UTAH STATE HOSPITAL

Madhumathy Gundlapalli, M.D.

University of Connecticut Health Center (1997), Residency

Yale University (1998), Geriatric Fellowship

Licensed Physician: Utah (1998 - present)

Current Position(s): Utah State Hospital, Psychiatrist (1998 - present)

Interests: Neurological and Health Concerns of the Mentally Ill

Orientation: Psychopharmacological and Therapeutic

Carmen Negrón, LCSW

Brigham Young University (1988), Social Work

Licensed Clinical Social Worker: Utah (1993 - present)

Current Position(s): Utah State Hospital, Sunrise Substance Treatment Program Administrator
(1999 - present)

Interests: Treatment of Addictions, Group/Individual Therapy, Multicultural Issues, and Women's Issues

Orientation: Cognitive-Behavioral, Biopsychosocial, and Eclectic

Isaac L. Thomas, MSW, LCSW

Brigham Young University (1987), Social Work

Licensed Clinical Social Worker: Utah (1996 - present)

Current Position(s): Utah State Hospital, Director of Quality Resource Management (1996 - present)

Interests: Measurement of Treatment Outcome

UTAH STATE HOSPITAL INTERNSHIP IN CLINICAL PSYCHOLOGY

Orientation: Humanistic

Paul D. Whitehead, M.D.

University of Utah School of Medicine (1994)

Yale University (1998), Psychiatry Residency

Licensed Physician: Utah (1995 - present)

Current Position(s): Utah State Hospital, Psychiatrist (2000 - present)

Interests: Forensic Psychiatry, Consultation-liaison Psychiatry, History of Medicine, Teaching,
Psychopharmacology

Orientation: Eclectic, Primarily Psychodynamic

OTHER CONTRIBUTING MENTAL HEALTH PROFESSIONALS

Various mental health professionals have collaborated periodically with our Internship Program in providing didactic trainings for our interns. This informal collaboration was arranged by Internship Training Directors of the Utah State Hospital, Primary Children's Medical Center, the University of Utah Neuropsychiatric Institute, and the Veterans Affairs Salt Lake City Health Care System. The purpose of this effort is to provide our interns, as well as those at the other sites, with a greater breadth of training experiences than would otherwise be available to them. This collaboration also affords interns the opportunity of forming professional contacts and extending their social support network with interns at other sites.